

## Accreditation Corrective Action Plan

County:
District LE#:
School Code:
Accreditation Status:

A Corrective Action Plan is required by this school in order to remedy the Accreditation deviations for the 2011-12 school year. The plan indicates the specific actions that the district and school will take and a date certain by which corrections will be made. Fill in and print this form. Make a copy for your records and **return this form by June 1, 2012.** 

This form is available as a fill-in form on the OPI website at:

Iail: Office of Public Instruction Accreditation Division PO Box 202501 Helena, MT 59620-2501

E-mail: <a href="mailto:twing@mt.gov">twing@mt.gov</a> (406) 444-4436

 $\underline{http://www.opi.mt.gov/Accred/12CorrectivePlanForm.pdf} - Completed form can be saved to your computer.$ 

Deviation(s)	Corrective Plan	Date to Be Accomplished

Deviation(s)	Corrective Plan	Date to Be
		Accomplished
Signatures:		
Superintendent	Date ntendent	
Or County Superi	ntendent	
Board Chair	Date	

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